



P A T E N T

**UNITED STATES PATENT AND TRADEMARK OFFICE**

re: Lixiao Wang Confirmation No.: 2874  
Serial No.: 10/027,417 Examiner: R. Maiorino  
Filing Date: December 20, 2001 Group Art Unit: 3763  
Docket No.: 1001.1461101 Customer No.: 28075  
For: CATHETER HAVING AN IMPROVED BALLOON-TO-CATHETER BOND

**RESPONSE AFTER FINAL**

Mail Stop AF  
Commissioner for Patents  
PO Box 1450  
Alexandria, VA 22313-1450

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 314495300 US, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 3rd day of September 2004.

By Kathleen L. Bookley  
Kathleen L. Bookley

Dear Examiner:

This paper is in response to the final Office Action mailed July 13, 2004, with a priority response period set to expire September 13, 2004 and a shortened statutory period set to expire on October 13, 2004. This paper is filed within the set priority period for response such that no extension of time is necessary.

Please consider the following amendments and/or remarks:

**The Claims** begin on page 2 of this paper.

**Remarks/Arguments** begin on page 6 of this paper.

AF/3763  
 ERW

09-7-04  
 SEP 03 2004  
 PATENT & TRADEMARK OFFICE  
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Lixiao Wang

Serial No.: 10/027,417

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**TRANSMITTAL SHEET**

Mail Stop AF  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

Sir:

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By Kathleen L. Bookley  
 Kathleen L. Bookley

We are transmitting herewith the attached:

- [XX] Response After Final
- [XX] No additional claim fee required
- [ ] The claim fee has been calculated as shown:

CLAIMS AS AMENDED							
	(3)	(4)	(5)	SMALL ENTITY		OTHER	
	REMAINING CLAIMS	HIGHEST PAID	EXTRA	RATE	ADD'L FEE	RATE	ADD'L FEE
TOTAL CLAIMS	-	=		X 9=	\$	X 18=	\$
INDEPENDENT CLAIMS	-	=		X 43=	\$	X 86 =	\$
( ) FIRST MULTIPLE DEPENDENT CLAIM				+ 145 =	\$	+ 290 =	\$
TOTAL				\$		\$	

☐ A check in the amount of \$\_\_\_\_\_ is enclosed. Itemization:

Fee Code \_\_\_\_\_ \$

Fee Code \_\_\_\_\_ \$

Fee Code \_\_\_\_\_ \$

☐ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established.

☐ Other: \_\_\_\_\_.

☒ Return Receipt Postcard (MPEP 503).

☒ Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:   
David M. Crompton, Reg. No. 36,772

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